

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. §1.53(b))

Attorney Docket No. 9234

First Inventor or Application Identifier O'Brien et al

Title Dental Prosthesis Manufacturing Process, Dental Prosthesis Pattern
Dental Prosthesis Made Thereby

Express Mail Label No. EL584205747US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification (Total Pages 15)
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) (Total Sheets 3)
4. ☒ Oath or Declaration (Total Pages 3)
- a. ☒ Newly executed (original copy)
 - b. ☐ Copy from a prior application 37C.F.R. § 1.63(d)
(for continuation/divisional with Box 16 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting
Inventor(s) named in the prior application,
See 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37C.F.R. §1.27), EXCEPT
IF ONE FILE IN A PRIOR APPLICATION IS RELIED UPON 37 C.F.R. § 1.28)

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure ☐ Copies if IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. ☒ *Small Entity Statement(s) ☐ Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. ☐ Other:

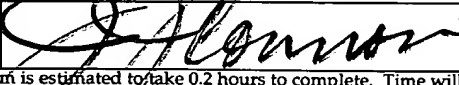
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
- ☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) ☐ of prior application No: ____/
Prior application information: _____ Examiner: _____ Group/Art Unit:

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporate can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE☒ Customer Number or Bar Code Label 21905**21905**and ☐ Correspondence address below

PATENT TRADEMARK OFFICE

Name	John J. Connors				
Name	Connors & Associates				
Address	1600 Dove Street, Suite 220				
City	Newport Beach	State	California	Zip Code	92660-2427
Country	United States	Telephone	(949) 833-3622	Facsimile	(949) 833-0885

Name (Print/Type)	John J. Connors	Registration No. (Attorney/Agent)	24157
Signature		Date	Sept 6, 2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL
for FY 2000**

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12

See 37 C.F.R. §§ 1.27 and 1.28

Complete if Known

Application Number	
Filing Date	
First Named Inventor	O'Brien et al
Examiner Name	
Group/Art Unit	
Attorney Docket No.	9234

TOTAL AMOUNT OF PAYMENT \$675.00**METHOD OF PAYMENT (check one)**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any over payment to:

Deposit Account Number **03-2830**Deposit Account Name **CONNORS & ASSOCIATES**

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CR 1.16 ad 1.17

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	FEE PAID
101	690	201	345	Utility Filing Fee	\$605.00
106	310	206	155	Design Filing Fee	
107	480	207	240	Plant Filing Fee	
108	690	208	345	Reissue Filing Fee	
114	150	214	75	Provisional Filing Fee	

SUBTOTAL (1) (\$ 605.00)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	FEE PAID
14	- 20 ** = 0	X	0
Independent Claims	4	- 3 ** = 1	X 30.00 = 30.00
Multiple Dependent Claims			

**or number previously paid; For Reissues, see below

Large Entity Fee Code	Small Entity Fee Code	Fee Description
103	203	9 Claims in excess of 20
102	202	39 Independent claims in excess of 3
104	204	130 Multiple independent claim if not paid
109	209	39 **Reissue independent claims over original patent
110	210	9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 30.00)**FEE CALCULATION (continued)****3. ADDITIONAL FEES**


Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	1,840*	113	1,840*	Requesting publication of SIR prior to Examiner action	
113	2,520	147	2,520	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an Appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	40.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	760	246	380	Filing a submission after final rejection (37 CR 1.129(a))	
149	760	249	380	For each additional invention to be examined (37 CR 1.129(b))	

Other fee (specify)

Other fee (specify)

* Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 40.00)****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	John J. Connors	Registration No. (Attorney/Agent)	24,157	Telephone	(949) 833-3622
Signature				Date	Sept 6, 2000

Send completed form to: Assistant Commissioner for Patents, Washington, D.C. 20231

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
EXPRESS MAIL CERTIFICATION



APPLICANT : O'Brien et al
TITLE : DENTAL PROSTHESIS MANUFACTURING PROCESS,
DENTAL PROSTHESIS PATTERN & DENTAL PROSTHESIS
MADE THEREBY

DOCKET NO : 9234
CUSTOMER NO.: 21905

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being mailed with the United States Postal Service as Express Mail, the correct postage paid, in an envelope addressed to: BOX PATENT APPLN, Assistant Commissioner for Patents, Washington, D.C. 20231, on the date indicated below.

EXPRESS MAIL CERTIFICATE NO.: EL584205747US

By:

Linda Simpson

Date:

Sept 6, 2000

AUTHORIZATION TO CHARGE/CREDIT DEPOSIT ACCOUNT

The commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-2830.

By:

Beth Ellison

Date:

Sept. 6, 2000

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))-INDEPENDENT INVENTOR**

Docket Number (Optional)
9234

Applicant, Patentee, or Identifier: O'Brien et al

Application or Patent No.: _____

Filed or Issued: _____

Title: Dental Prosthesis Manufacturing Process, Dental Prosthesis Pattern & Dental Prosthesis Made Thereby

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below

- ☐ No such person, concern, or organization exists.
☒ Each such person, concern, or organization is listed below.

O'Brien Dental Lab, Inc.. State Of Incorporation: Oregon

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is not long appropriate. (37 CFR 1.28(b))

Michael J. O'Brien

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Michael J. O'Brien

Signature of inventor

Signature of inventor

Signature of inventor

9/5/00

Date

Date

Date

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))-INDEPENDENT INVENTOR**

Docket Number (Optional)
9234

Applicant, Patentee, or Identifier: O'Brien et al

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Title: Dental Prosthesis Manufacturing Process, Dental Prosthesis Pattern & Dental Prosthesis Made Thereby

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- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below

- ☒ No such person, concern, or organization exists.
☒ Each such person, concern, or organization is listed below.

O'Brien Dental Lab, Inc. State Of Incorporation, Oregon

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Derrick G. Luksch

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of inventor

Signature of inventor

Signature of inventor

Date

Date

Date

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(c))-SMALL BUSINESS CONCERN**

Docket Number (Optional)
9234

Applicant, Patentee, or Identifier: O'Brien et al

Application or Patent No.: _____

Filed or Issued: _____

Title: Dental Prosthesis Manufacturing Process, Dental Prosthesis Pattern & Dental Prosthesis Made Thereby

I hereby state that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN O'Brien Dental Lab, Inc.

ADDRESS OF SMALL BUSINESS CONCERN 4311 SW Research Way, Corvallis, OR 97333

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern, or organization having rights in the invention must file separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor who would not qualify as an independent inventor under 37 CFR 1.9© if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization having rights in the invention is listed below

- ☒ No such person, concern, or organization exists.
☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

NAME OF PERSON SIGNING Michael J. O'Brien

TITLE OF PERSON IF OTHER THAN OWNER President, O'Brien Dental Lab, Inc.

ADDRESS OF PERSON SIGNING 4311 SW Research Way, Corvallis, OR 97333

SIGNATURE 

DATE 9/5/00